DEPARTMENT OF FINANCE & ADMINISTRATION
Office of Personnel Management
Proof of Prior Service

Employee Name *(Last, First, Middle)*			SSN *(If transfer from non-participating agency)*
Personnel Number (If applicable)		Final Classification Title	Date Hired *(MM/DD/YY)*
Class Code	Paygrade	Annual Salary $	Date Terminated or *(MM/DD/YY)* Date Retired

Employer

Agency/Institution Name		Date *(MM/DD/YY)*
Business Area *(If applicable)*	Personnel Area *(If applicable)*	

Prior Service Employment Dates

Original Hire Date	Career Service Date	Leave Accrual Date	Performance Appraisal Date

Prior Service Leave Balances

Annual Leave *(Hrs./Mins.)*	Sick Leave *(Hrs./Mins.)*	Compensatory Leave *(Hrs./Mins.)*	**TOTAL PRIOR LEAVE** *(Hrs./Mins.)*

Retirement System *Indicate Retirement System in which employee participated with prior state service*

☐ **PER Contributory**   ☐ **PERS Non-Contributory**   ☐ **TRS**   ☐ **TIAA-Cref.**

Authorization

☐ Approved ☐ Disapproved	Approving Authority	Date *(MM/DD/YY)*
Telephone Number	E-mail Fax Number	